

Gaithersburg Youth Center Trip (Grade 6-8)

THE GYC OVERNIGHT

FRI-SAT, MARCH 1 - 2
7:00PM - 7:00AM

\$45

**GYC
Members
Only**

• **SWIMMING**
• **MUSIC**
• **BUBBLE BALL**
• **PIZZA**
• **ROLLER DISCO**

• **GAMING
TOURNAMENTS**
• **MOVIES**
• **BREAKFAST**
• **PRIZES!**

Registration Information:

Return Permission Slip &
Payment to City of
Gaithersburg:

Activity Center/GYC Trip
506 S. Frederick Ave.
Gaithersburg, MD 20877

Or fax form to 301-948-8364

Checks made payable to the
City of Gaithersburg.
Visa, Discover, Master-
Card, & AMEX accepted.

WHO NEEDS SLEEP WHEN YOU'RE HAVING FUN?!

**THE TRIP WILL DEPART FROM THE YOUTH CENTERS AT 7:00PM.
PLEASE PICK UP AT THE BOHRER PARK ACTIVITY CENTER BY 7:00AM.
(506 S. FREDERICK AVE. GAITHERSBURG, MD 20877)**

BRING A BATHING SUIT, TOWEL, AND ANYTHING ELSE YOU MIGHT WANT FOR SWIMMING

WEAR OR BRING SOCKS FOR ROLLER SKATING

PLEASE COMPLETE THE ONLINE WAIVER AT: to www.wonderflywaiver.com



Questions? Call Maura Dinwiddie or Jake Hersom at 301-258-6350
Gaithersburg Parks, Recreation & Culture - Move...Play...Grow

GYC Overnight - 7161

Parent's Last Name _____ Parent's First Name _____
Address _____ City/State/Zip _____
Cell Phone _____ Work Phone _____ Email _____

Participant's Name	Birthdate M/D/Y	Activity Name	Activity #	Date	Grade	School	Fee
		Overnight	7161	3/1-2/19			\$45

I hereby grant permission for me/my child to attend the activity sponsored by the City of Gaithersburg. I understand that I am responsible for my/my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by me/my child or any injury sustained in the program. I also consent to the City's use of any photographs and/or video tapes made of the program.

Print Parent/Guardian Name

Signature of Parent/Guardian

Does your child have any allergies, medications or conditions that may affect participation in the program? Y ☐ N ☐

Please specify: _____

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made prior to the start of the program. Please call 301-258-6350 to indicate what accommodations are needed.

Amount Paid \$ _____ Cash ☐ Check # _____
Visa/MC/DISC/AMEX# _____ Exp. Date ____/____
Signature (name on card) _____
Print Name _____

Office Use Only: 7161

Rec'd: _____ Initials _____
W P M F Resident: Y N
Pr: _____ Date: _____